

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/070843

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							70						
11							71						
12							72						
13							73						
14							74						
15			/				75						
16			/	/			76						
17			/	/	/		77						
18			/	/	/		78						
19			/	/	/		79						
20			/	/	/		80						
21			/	/	/		81						
22			/	/	/		82						
23			/	/	/		83						
24			/	/	/		84						
25			/	/	/		85						
26			/	/	/		86						
27			/	/	/		87						
28			/	/	/		88						
29			/	/	/		89						
30			/	/	/		90						
31			/	/	/		91						
32			/	/	/		92						
33			/	/	/		93						
34			/	/	/		94						
35			/	/	/		95						
36			/	/	/		96						
37			/	/	/		97						
38			/	/	/		98						
39			/	/	/		99						
40			/	/	/		100						
41			/	/	/								
42			/	/	/								
43			/	/	/								
44			/	/	/								
45			/	/	/								
46			/	/	/								
47			/	/	/								
48			/	/	/								
49			/	/	/								
50			/	/	/								
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						